



## COVID-19

## National Genomic Surveillance Dashboard

Updated Mar. 14, 2021

Print

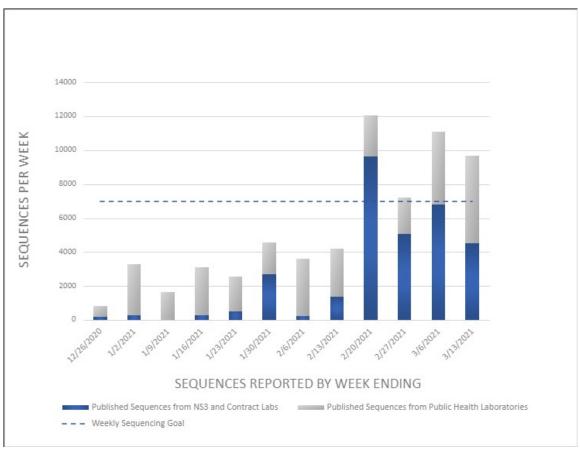
A new virus variant of SARS-CoV-2 has one or more mutations that differentiate it from predominant variants already circulating among the general population. As the pandemic progresses and new variants of SARS-CoV-2 have emerged, it is critical for the United States and other countries to sequence and analyze virus samples. This sequence data will provide us with real-time information about the genetic diversity, spread, and evolution of the virus to assess the impact on current efforts to control the pandemic, including vaccines. Laboratories in the United States and across the world have generated hundreds of thousands of viral genetic sequences from SARS-CoV-2 positive patient specimens. Through ongoing variant surveillance, CDC can improve our public health response to COVID-19. Since late 2020, CDC's sequencing efforts have increased; even so, considerable gaps exist. CDC is enhancing these efforts by collaborating with state and local public health laboratories and partners, such as the Association of Public Health Laboratories 2, to increase the number of specimens that are sequenced as part of the National SARS-CoV-2 Strain Surveillance (NS3) program. CDC is also increasing sequencing capacity through contracts with commercial diagnostic laboratories.

# Variant Information US COVID-19 Cases Caused by Variants Variant Proportions in the U.S. SARS-CoV-2 Variants Surveillance SARS-CoV-2 Variants How CDC is responding to SARS-CoV-2 variants globally

Starting in November 2020, state health departments and other public health agencies began sending SARS-CoV-2 specimens to CDC for sequencing and further characterization as part of NS3. This system was scaled up to process 750 requested specimens from states and jurisdictions per week beginning January 25, 2021. CDC has also contracted with commercial diagnostic laboratories and obtained commitments to sequence an additional 6,000 samples per week, with plans for further expansion. The SARS-CoV-2 genetic sequence data obtained from these sources, as well as the sequence data generated by state and local public health laboratories and academic partners, inform public health decision-making and is available to scientists globally via publicly accessible databases maintained by the National Center for Biotechnology Information (NCBI) and GISAID.

As laboratories scale up sequencing capacity, CDC is meeting this need by improving our infrastructure and workflow to ensure efficient sequence data submission to public repositories. Next generation sequencing is a multi-step process that involves both laboratory and bioinformatic workflows. The time from sample receipt at CDC to assembled sequence ready for submission into public databases is approximately 10 days. A similar timeline often applies to state, local, academic, and commercial partners. These collaborative sequencing efforts will provide a real-time understanding of what SARS-CoV-2 variants exist in the US.

# Published Sequences from NS3, CDC Sequencing Contracts, and Other CDC Sequencing Efforts



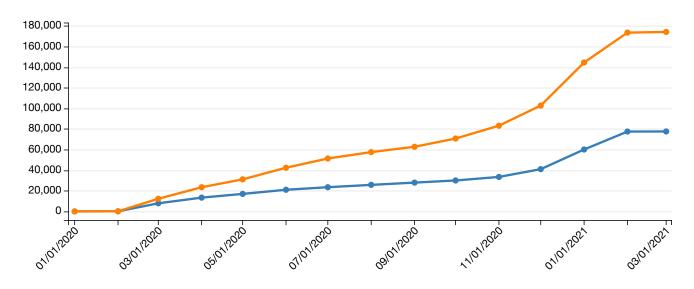
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Download data <a> [CSV - 1 KB]</a>

# NS3, CDC Sequencing Contracts and Other CDC Sequencing Efforts Weekly Published Sequences

The bars in this graph represent the number of SARS-CoV-2 sequences available in public repositories each week since December 2020. The blue bars show sequences published to public repositories by NS3, CDC sequencing contracts and other CDC sequencing efforts. The light gray bars show the sequences published to public repositories by state and local public health laboratories. The blue dotted line represents CDC's current weekly sequencing goal. The published sequences are reported by week ending date. These numbers do not include academic contracts or all public health laboratory sequences that have been published. Sequences generated by CDC and contract laboratories are available to inform public health actions before they are published. Delays in processing data may impact displayed results. Weekly totals reflect date of submission and may change over time as sequences are published in databases.

# U.S. Sequences Available in Public Repositories\*



 $\square$  US Sequences in NCBI  $\square$  US Sequences submitted to GISAID Reset

This line chart captures the cumulative number of published SARS-CoV-2 sequences by collection date from laboratories in states and territories across the US from January 2020 to the present. The blue line represents US sequences available in NCBI, the National Center for Biotechnology Information, and the orange represents sequences available in GISAID, a global initiative that maintains a repository of virus sequence data.

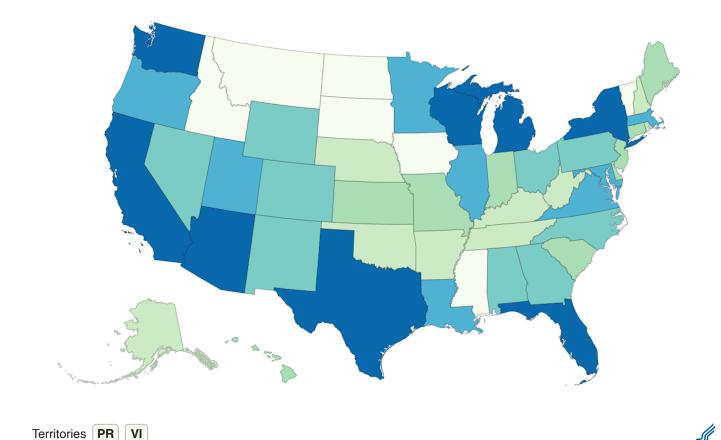
Data Table -

	01/01/2020	02/01/2020	03/01/2020	04/01/2020	05/01/2020	06/01/2020	07/01/20
US Sequences in NCBI	19	121	7894	13408	17016	21033	2
US Sequences submitted to GISAID	17	134	12281	23487	31128	42435	5

Scroll for additional info

Download Table Data (csv)

Total Sequences Submitted Publicly Available\*



22 - 362
 373 - 701
 737 - 1,760
 1,814 - 2,862
 3,219 - 6,532
 6,964 - 26,106

Data Table	_
Location	Total SARS-CoV-2 S
Alabama	2,031
Alaska	701
Arizona	6,964
Arkansas	381
<ul><li>California</li></ul>	25,822
Colorado	1,992
Connecticut	1,760
Delaware	778
Florida	7,534
Georgia	2,316

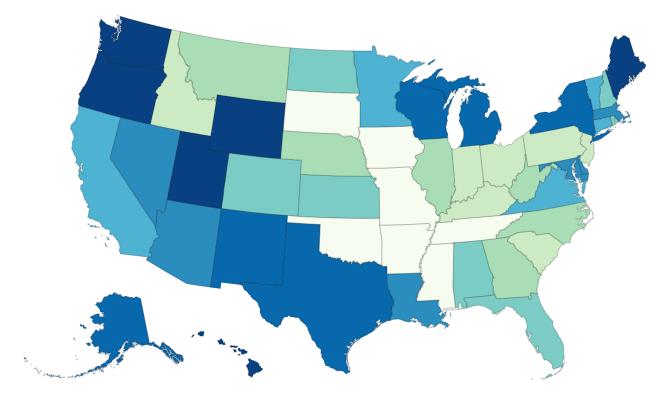
Hawaii	941
○ Idaho	362
Illinois	3,219
☐ Indiana	1,070
Olowa	286
Kansas	900
Kentucky	603
Louisiana	3,596
Maine	1,591
Maryland	3,324
Massachusetts	4,979
Michigan	8,033
Minnesota	3,501
○ Mississippi	351
Missouri	737
○ Montana	227
○ Nebraska	456
Nevada	2,411
New Hampshire	455
New Jersey	1,330
New Mexico	2,862
New York	17,148
North Carolina	2,581
○ North Dakota	347
Ohio	1,814
Oklahoma	375
Oregon	3,388
Pennsylvania	1,937
O Puerto Rico	282
Rhode Island	537
South Carolina	1,026
O South Dakota	112
○ Tennessee	507

Texas	26,106
Utah	6,532
○ Vermont	124
○ Virgin Islands	22
Virginia	3,725
Washington	10,540
West Virginia	373
Wisconsin	7,397
Wyoming	2,561

**Download Data (CSV)** 

The map shows the cumulative number of SARS-CoV-2 sequences by state that have are publicly available from January 2020 to the present.

Percentage of Cumulative Cases Sequenced (%)\*



Territories	PR	VI



0.064% - 0.13%	O.145% - 0.207%
<b>0</b> .223% - 0.293%	0.302% - 0.583%
<b>0</b> .606% - 0.795%	0.807% - 0.865%
<b>0</b> .963% - 1.522%	<ul><li>1.73% - 4.643%</li></ul>

Data Table	_
Location	Cumulative Cases S
Alabama	0.404%
Alaska	1.213%
Arizona	0.837%
Arkansas	0.117%
California	0.734%
Colorado	0.451%
Connecticut	0.606%
Delaware	0.865%
Florida	0.39%

Georgia	0.224%
■ Hawaii	3.45%
☐ Idaho	0.207%
Illinois	0.267%
☐ Indiana	0.159%
Olowa	0.084%
Kansas	0.302%
○ Kentucky	0.145%
Louisiana	0.824%
● Maine	3.396%
Maryland	0.847%
Massachusetts	0.865%
Michigan	1.202%
Minnesota	0.707%
○ Mississippi	0.117%
○ Missouri	0.13%
Montana	0.224%
Nebraska	0.223%
● Nevada	0.807%
New Hampshire	0.583%
New Jersey	0.16%
New Mexico	1.522%
New York	0.99%
North Carolina	0.293%
North Dakota	0.344%
Ohio Ohio	0.184%
Oklahoma	0.087%
Oregon	2.13%
Pennsylvania	0.201%
Puerto Rico	0.275%
Rhode Island	0.411%
South Carolina	0.194%
○ South Dakota	0.098%

○ Tennessee	0.064%
Texas	0.963%
● Utah	1.73%
Vermont	0.746%
<ul> <li>Virgin Islands</li> </ul>	0.795%
Virginia	0.628%
Washington	3.024%
West Virginia	0.277%
Wisconsin	1.184%
Wyoming	4.643%

**Download Data (CSV)** 

The map shows the percentage of SARS-CoV-2-positive cases by state that have been sequenced and published in public repositories from Jan 2020 to the present.

\*Numbers will be updated every Sunday by 7:00 pm.

Related Resources
Emerging SARS-CoV-2 Variants
New Variants of the Virus that Causes COVID-19
Cases, Data, and Surveillance

Last Updated Mar. 14, 2021

Content source: National Center for Immunization and Respiratory
Diseases (NCIRD), Division of Viral Diseases